

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Yavapai
 District of _____
 Town of _____
 or _____
 City of Prescott

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 573
 County Registrar No. _____
 Local Registrar No. 17 C

2. Full name of child Engene Donald Higgins
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M. To be answered ONLY in event of plural births.
 4. Twin, triplet or other 8
 5. No., in order of birth 8
 6. Legitimate? Yes
 7. Date of birth 11/22/27
 Month Day Year

8. FATHER
 Full name Robert A. Higgins

14. MOTHER
 Full maiden name Juliet Hayois

9. Residence
 (Usual place of abode) Prescott
 If non-resident, give place and state. Ariz.

15. Residence
 (Usual place of abode) Prescott
 If non-resident, give place and state.

10. Color or race W.
 11. Age at last birthday 50 (Years)

16. Color or race W.
 17. Age at last birthday 40 (Years)

12. Birthplace (city or place) Marion
 (State or country) N.C.

18. Birthplace (city or place) Phoenix
 (State or country) Ariz.

13. Occupation Mail carrier
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 7
 (b) Born alive but now dead _____
 (c) Stillborn None

21. Were precautions taken against ophthalmia neonatorum?
Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:50 P. m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature]
 Address Beafield Bldg. Prescott Ariz
 (Physician or midwife)

Given name added from a supplemental report
 Month, day, year

582-1122-182

Registrar

Filed 19
Harry F. Southworth
 Local Registrar.
 County Registrar.